Application No. 10/591,162-Conf. #6061 October 3, 2006 M. L. Berch 162  pplicant(s): Maik Kindermann et al.  vention: Specific Substrates for O6-Alky/guanine-Dna Alkyltransferase  TO THE COMMISSIONER FOR PATENTS  Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED    Claims   Number   Remaining   Number   Periorusyl   Previousyl	AMEN	NDMENT :	ΓRANSMI	TTAL LE	TTER	R		ocket No. E-006-PUS
rention: Specific Substrates for O6-Alkylguanine-Dna Alkyltransferase  TO THE COMMISSIONER FOR PATENTS  Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED    Claims Remaining After Previously Previously Present Present Previously Present Present Present Present Present Present Present Pr	• •		•					Art Unit
TO THE COMMISSIONER FOR PATENTS ransmitted herewith is an amendment in the above-identified application. he fee has been calculated and is transmitted as shown below.    Claims   Highest   Number   Extra Claims   Present   Rate	·		•	3, 2006		M. L. Berci	1	1024
TO THE COMMISSIONER FOR PATENTS  ransmitted herewith is an amendment in the above-identified application. he fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED    Claims   Highest   Number   Number   Extra Claims   Rate	plicant(s). Maii	K Kindermann	et al.					
Total Claims 0 - 20 = 0 × 26.00 0.00  Independent Claims (check if applicable)  Other fee (please specify): Extension for response within first month 65.00  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:	ention: Specific	c Substrates fo	or O6-Alkylguai	nine-Dna Alkı	yltransfe	rase		
Claims Remaining After Amendment Previously Paid Previously Previously Previously Previously Paid Previously Paid Previously Paid Previously Present Rate  Total Claims 0 - 20 = 0 x 26.00 0.00  Independent 0 - 3 = 0 x 110.00 0.00  Multiple Dependent Claims (check if applicable)  Other fee (please specify): Extension for response within first month 65.00  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 65.00  Large Entity x Small Entity  No additional fee is required for this amendment.  X Please charge Deposit Account No. 14-0740 in the amount of \$ 65.00  A check in the amount of \$ to cover the filling fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  X The Director is hereby authorized to charge and credit Deposit Account No. 14-0740 as described below. A duplicate copy of this sheet is enclosed.  X Credit any overpayment.  X Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.1  //Harriet M. Strimpel, D.Phil./ Dated: June 22, 2011  Harriet M. Strimpel, D.Phil./ Harriet M. Strimpel, D.Phil./ Attorney/Agent Reg. No.: 37,008  NEW ENGLAND BIOLABS, INC 240 County Road lpswich, Massachusetts 01938		TC	THE COMMI	SSIONER FO	OR PAT	ENTS		
CLAIMS AS AMENDED    Claims Remaining After After Amendment   Previously Paid   Previously Present   Rate   Rate					• • •	ication.		
Claims Remaining After After After After After Amendment   Paid   Previously Paid   Present   Rate	ne ree nas beer	1 calculated an						
Total Claims 0 - 20 = 0 x 26.00 0.00  Independent Claims 0 - 3 = 0 x 110.00 0.00  Multiple Dependent Claims (check if applicable)  Other fee (please specify): Extension for response within first month 65.00  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 65.00  Large Entity x Small Entity  No additional fee is required for this amendment.  X Please charge Deposit Account No. 14-0740 in the amount of \$ 65.00  A check in the amount of \$ to cover the filing fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  X The Director is hereby authorized to charge and credit Deposit Account No. 14-0740 as described below. A duplicate copy of this sheet is enclosed.  X Credit any overpayment.  X Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.1  /Harriet M. Strimpel, D.Phil./ Dated: June 22, 2011  Harriet M. Strimpel, D.Phil. Tharriet M. Strimpel Tharriet M.		Remaining After	Highest Number Previously	Number Extra Claims		Pata		
Claims 0 - 3 = 0 x 110.00 0.00  Multiple Dependent Claims (check if applicable)  Other fee (please specify): Extension for response within first month 65.00  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 65.00  Large Entity x Small Entity  No additional fee is required for this amendment.  x Please charge Deposit Account No. 14-0740 in the amount of \$ 65.00  A check in the amount of \$ to cover the filing fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  x The Director is hereby authorized to charge and credit Deposit Account No. 14-0740 as described below. A duplicate copy of this sheet is enclosed.  x Credit any overpayment.  x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.1  /Harriet M. Strimpel, D.Phil./ Harriet M. Strimpel, D.Phil.  Attorney/Agent Reg. No.: 37,008  NEW ENGLAND BIOLABS, INC 240 County Road Ipswich, Massachusetts 01938	Total Claims							0.00
Multiple Dependent Claims (check if applicable)  Other fee (please specify): Extension for response within first month 65.00  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 65.00  Large Entity		0	- 3 =	0	х	110.00		0.00
Other fee (please specify): Extension for response within first month  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:  Large Entity  No additional fee is required for this amendment.  X Please charge Deposit Account No. 14-0740 in the amount of \$ 65.00  A check in the amount of \$ to cover the filing fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  X The Director is hereby authorized to charge and credit Deposit Account No. 14-0740 as described below. A duplicate copy of this sheet is enclosed.  X Credit any overpayment.  X Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.1 // Harriet M. Strimpel, D.Phil. / Dated: June 22, 2011 Harriet M. Strimpel, D.Phil. Attorney/Agent Reg. No.: 37,008  NEW ENGLAND BIOLABS, INC 240 County Road Ipswich, Massachusetts 01938		⊥ lent Claims (ch	eck if applicabl	le)	l			
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:    Large Entity				<u>′</u> <u> </u>				
Large Entity    No additional fee is required for this amendment.   X Please charge Deposit Account No. 14-0740 in the amount of \$ 65.00     A check in the amount of \$ to cover the filling fee is enclosed.   Payment by credit card. Form PTO-2038 is attached.   X The Director is hereby authorized to charge and credit Deposit Account No. 14-0740     as described below. A duplicate copy of this sheet is enclosed.   X Credit any overpayment.   X Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.1     Charriet M. Strimpel, D.Phil.   Dated: June 22, 2011     Harriet M. Strimpel, D.Phil.   Attorney/Agent Reg. No.: 37,008     NEW ENGLAND BIOLABS, INC 240 County Road     Ipswich, Massachusetts 01938	Other fee (please specify): Extension for response within first month							65.00
No additional fee is required for this amendment.  X Please charge Deposit Account No. 14-0740 in the amount of \$ 65.00  A check in the amount of \$	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:							65.00
Please charge Deposit Account No. 14-0740 in the amount of \$ 65.00  A check in the amount of \$ to cover the filing fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  X The Director is hereby authorized to charge and credit Deposit Account No. 14-0740 as described below. A duplicate copy of this sheet is enclosed.  X Credit any overpayment.  X Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.1 Harriet M. Strimpel, D.Phil./  Harriet M. Strimpel, D.Phil./  Harriet M. Strimpel, D.Phil.  Attorney/Agent Reg. No.: 37,008  NEW ENGLAND BIOLABS, INC 240 County Road Ipswich, Massachusetts 01938	Large Entity				x S	Small Entity		
A check in the amount of \$ to cover the filing fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  X The Director is hereby authorized to charge and credit Deposit Account No	No additiona	al fee is require	d for this ame	ndment.				
A check in the amount of \$ to cover the filing fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  X The Director is hereby authorized to charge and credit Deposit Account No	X Please charg	ge Deposit Acc	count No.	14-0740 i	n the am	ount of \$	65.0	. 00
Payment by credit card. Form PTO-2038 is attached.  X The Director is hereby authorized to charge and credit Deposit Account No. 14-0740 as described below. A duplicate copy of this sheet is enclosed.  X Credit any overpayment.  X Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.1 // Harriet M. Strimpel, D.Phil./  Harriet M. Strimpel, D.Phil.  Attorney/Agent Reg. No.: 37,008  NEW ENGLAND BIOLABS, INC 240 County Road Ipswich, Massachusetts 01938	=					_		
as described below. A duplicate copy of this sheet is enclosed.  x Credit any overpayment.  x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.1  /Harriet M. Strimpel, D.Phil./  Harriet M. Strimpel, D.Phil.  Attorney/Agent Reg. No.: 37,008  NEW ENGLAND BIOLABS, INC 240 County Road  Ipswich, Massachusetts 01938	=							
x Credit any overpayment.  x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.1  /Harriet M. Strimpel, D.Phil./  Harriet M. Strimpel, D.Phil.  Attorney/Agent Reg. No.: 37,008  NEW ENGLAND BIOLABS, INC 240 County Road  Ipswich, Massachusetts 01938		<del>-</del>		-			o14	-0740
/Harriet M. Strimpel, D.Phil./ Harriet M. Strimpel, D.Phil. Attorney/Agent Reg. No.: 37,008  NEW ENGLAND BIOLABS, INC 240 County Road Ipswich, Massachusetts 01938	x Credit a	ny overpaymei	nt.					
Harriet M. Strimpel, D.Phil. Attorney/Agent Reg. No.: 37,008  NEW ENGLAND BIOLABS, INC 240 County Road Ipswich, Massachusetts 01938	=			on processing	fees requ	uired under 3	37 CFR 1.	16 and 1.17.
Harriet M. Strimpel, D.Phil. Attorney/Agent Reg. No.: 37,008  NEW ENGLAND BIOLABS, INC 240 County Road Ipswich, Massachusetts 01938					_			
Attorney/Agent Reg. No.: 37,008  NEW ENGLAND BIOLABS, INC 240 County Road  Ipswich, Massachusetts 01938					L	Dated:	June 22	2, 2011
240 County Road Ipswich, Massachusetts 01938			800					
			NC					
			38					